

**Illinois Appellate Court, Fifth District**  
**Request for Accommodation under the Americans with Disabilities Act**  
**(REQUEST TO REMAIN CONFIDENTIAL)**

Please Print:

Date: \_\_\_\_\_

Name of person requesting accommodation: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of accommodation requested (please be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date accommodation is needed: \_\_\_\_\_

Location where accommodation is needed: \_\_\_\_\_

\_\_\_\_\_

Please send a copy of this completed form by mail to:

**Appellate Court Disability Coordinator**  
**Office of the Illinois Appellate Court Clerk, Fifth District**  
**14<sup>th</sup> & Main St., P.O. Box 867**  
**Mt. Vernon, IL 62864**  
**or by e-mail at the address listed on page 2 of the policy**  
**Phone: (618) 242-3120**

Please sign to verify the foregoing information: \_\_\_\_\_

Please print name: \_\_\_\_\_

\_\_\_\_\_

**Office Use Only:**

Accommodation: \_\_\_\_\_ granted: \_\_\_\_\_ denied: \_\_\_\_\_

Requestor notified on: \_\_\_\_\_ via: \_\_\_\_\_

Type of accommodation: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**EXHIBIT B**